

AUG 21 2007

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**FAX TRANSMISSION**

Date: August 21, 2007  
 To: Examiner E. Pico GAO 3654 U.S. Patent and Trademark Office  
 Fax: 571-273-8300  
 From: William J. Clemens  
 Re: 16565

We are transmitting a total of 12 pages (including cover sheet).  
 If transmission is not complete, please call 419.874.1100.

COMMENTS: Please see the following Fee Transmittal form, Request for Continued Examination and Preliminary Amendment for filing in the patent application S/N 10/677,989. Thank you.

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**AUG 21 2007**

PTO/SB/17 (07-07)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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*Effective on 12/08/2004.*

*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

# **FEE TRANSMITTAL For FY 2007**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
**790.00**

### **Complete if Known**

Application Number	10/677,989
Filing Date	October 2, 2003
First Named Inventor	Spless
Examiner Name	E. Pico
Art Unit	3654
Attorney Docket No.	16565

### **METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **50-3156** Deposit Account Name: \_\_\_\_\_

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### **FEES CALCULATION**

#### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Fees Paid (\$)</b>
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### **2. EXCESS CLAIM FEES**

##### Fee Description

Each claim over 20 (including Reissues)  Fee (\$)  
50  Fee (\$)  
25

Each independent claim over 3 (including Reissues)  Fee (\$)  
200  Fee (\$)  
100

Multiple dependent claims  Fee (\$)  
360  Fee (\$)  
180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Small Entity</b>
	- 20 or HP =	x	=		Fee (\$)	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.  Fee (\$)  
50  Fee (\$)  
25

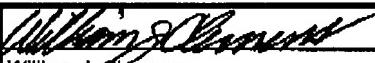
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
	- 3 or HP =	x	=		Fee (\$)	Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.  Fee (\$)  
200  Fee (\$)  
100

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
	- 100 =	/ 50 =		

<b>4. OTHER FEE(S)</b>	<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): Request for Continued Examination	<b>790.00</b>

### **SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 26,855	Telephone 248-960-2100
Name (Print/Type)	William J. Clemmons		Date August 21, 2007

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